New Jersey Department of Human Services
Division of Aging Services
PACE Administration
PO Box 807
Trenton, NJ 08625-0807

609-588-7747

PACE REQUEST FOR WAIVER OF THE ANNUAL RECERTIFICATION ASSESSMENT FOR NURSING FACILITY LEVEL OF CARE

To request a Waiver of the Annual Recertification Assessment requirement for Nursing Facility Level of Care, complete the information below and attach all required documentation listed on the form and submit to DHS, Division of Aging Services (DoAS) **45 days prior to the due date for annual recertification.**

Date: _____ Recertification Due Date: _____

Last NF LOC Assessment Date: _____

Name of Participant: _____

From (Name/Title): _____

Name of Organization: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Telephone Number: _____ Fax Number: _____

DoAS will initiate review of the request when **all of the following documentation has been received**. Omitting any information requested below may delay approval and jeopardize a participant's eligibility for continued enrollment in PACE.

- ☐ Justification summary from IDT
- ☐ Diagnosis of chronic or disabling condition
- ☐ Last comprehensive assessment by all relevant disciplines
- ☐ Last 2 IDT care plans
- ☐ Initial LOC assessment
- ☐ History and Physical
- ☐ Physician and nursing progress notes
- ☐ All specialty consultant notes (any discipline)
- ☐ Social work notes
- ☐ Diagnostic tests supporting request
- ☐ Medication and treatment record
- ☐ Other relevant documentation supporting the request

Above request is:

☐ Approved/Date: _____ ☐ Denied/Date: _____

Name and Title of Reviewer: _____

Signature: _____ Date: _____ Telephone: _____